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February 14, 2006

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TO:

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FROM: Katherine M. Kowalchyk

OUR REF: 11669.185USD3

TELEPHONE: 612.371.5311

Total pages, including cover letter: 9

PTO FAX NUMBER 1-571,273.8300

If you do NOT receive all of the pages, please telephone us at 612.332.5300, or fax us at 612.332.9081.

Title of Document Transmitted: <u>SUPPLEMENTAL INFORMATION DISCLOSURE</u>

<u>STATEMENT AND FORM 1449</u>

Applicant: <u>CARTER</u> Serial No.: <u>09/714,040</u>

Filed: NOVEMBER 15, 2000

Group Art Unit: 1643

Our Ref. No. <u>11669.185USD3</u> Confirmation No. 5212

PLEASE CHARGE OUR DEPOSIT ACCOUNT NO. 13-2725 IN THE AMOUNT OF \$180.00 FOR INFORMATION DISCLOSURE STATEMENT FEE. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

Name: Katherine M. Kowalchyk

Reg. No.: 36,848

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Sheryl A. Boerboom

Legel a. Boulan

February 14, 2006

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S/N 09/714,040

PATENT

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

CARTER

Examiner:

D. BLANCHARD

Serial No.:

09/714,040

Group Art Unit:

1642

Filed:

**NOVEMBER 15, 2000** 

Docket No.:

11669.185USD3

Confirmation No.:

5212

Customer No.:

23552

Title:

EXPRESSION OF FUNCTIONAL ANTIBODY FRAGMENTS

#### CERTIFICATE UNDER 37 CFR 1.6(d):

The undersigned hereby certifies that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 14, 2006.

Name: Shervi Boerooom

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (37 C.F.R. § 1.97(c))

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

With regard to the above-identified application, the items of information listed on the enclosed Form 1449 are brought to the attention of the Examiner.

This statement should be considered because it is submitted after the mailing date of a first Office Action on-the-merits or a first Office Action after filing a Request for Continued Examination under 37 C.F.R. § 1.114 or a CPA under 37 C.F.R. § 1.53(d), but before the mailing date of: i) a final action under 37 C.F.R. § 1.113; ii) a Notice of Allowance under 37 C.F.R. § 1.311; or iii) an action that otherwise closes prosecution on the application. Please charge Deposit Account No. 13-2725 for consideration of the items listed on the enclosed Form 1449.

In accordance with 37 C.F.R. §1.98(a)(2), a copy of each document or other information listed on the enclosed Form 1449 is provided.

No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103 and Applicants reserve the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish that the reference(s) are not "prior art." Moreover, Applicants do not represent that a

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reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

Please charge any additional fees or credit any overpayment to Deposit Account No. 13-2725.

Respectfully submitted,

MERCHANT & GOULD P.C. P.O. Box 2903 Minneapolis, Minnesota 55402-0903 (612) 332-5300

Date: 1, 2006

Katherine M. Kowalchyk

Reg. No. 36,848

23552

Date Mailed: February 14, 2006

Sheet I of 1

FORM 1449*	INFORMATION DISCLOSURE STATEMENT	Docket Number: 11669.185USD3	Application Number: 09/714,040		
	IN AN APPLICATION	Applicant: CARTER			
	(Use several sheets if necessary)	Filing Date: 11/15/2000	Group Art Unit: 1642		

		U.S	PATENT DOCUME	NTS			
EXAMINER INITIAL	DOCUMENT NO.	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
		FORE	GN PATENT DOCUM	1ENTS			
	DOCUMENT NO.	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
			·			YES	NO
	OTHER I	DOCUMENTS (	Including Author, Title,	Date, Pertinent P	'ages, Etc.)		
			ry Immunology', <u>Koder</u>	_		n translation)	

23552
PATENT TRADBMARK OFFICE

EXAMI	NER
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DATE CONSIDERED

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form for next communication to the Applicant.